

**VOLUNTEER AGREEMENT FOR APPROPRIATED FUND ACTIVITIES**

For use of this form, see AR 608-1; the proponent agency is OACSIM

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 USC, Section 1558, Secretary of the Army; E.O. 9397 (SSN); and Army Regulation 608-1, Army Community Service Center.

**PRINCIPAL PURPOSE:** To document voluntary services provided by an individual, including the hours of service performed, and to obtain agreement from the volunteer on the conditions of accepting the performance of voluntary service.

**ROUTINE USES:** None.

**DISCLOSURE:** Voluntary. However, failure to complete the form may result in an inability to document the type of voluntary services and hours performed.

**PART I**

1.  
I desire to volunteer my services to the \_\_\_\_\_ at  
(Organization/Unit)  
\_\_\_\_\_ on \_\_\_\_\_  
(Installation) (Anticipated Hours/Day(s) of Week)  
Program at \_\_\_\_\_  
(Installation)

**2. DESCRIPTION OF VOLUNTEER SERVICES**

3. I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof while performing the above described services, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services, tort claims, the Privacy Act, and criminal conflicts of interest. I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering.

a. TYPED OR PRINTED NAME OF VOLUNTEER	b. VOLUNTEER SSN	c. DATE OF BIRTH (YYYYMMDD)
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d. SIGNATURE OF VOLUNTEER	e. DATE (YYYYMMDD)
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4a. TYPED OR PRINTED NAME OF ACCEPTING OFFICIAL
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4b. SIGNATURE OF ACCEPTING OFFICIAL	4c. DATE (YYYYMMDD)
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**PART II - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR**

5. VOLUNTEER TIME DONATED			
a. YEARS (2,087 hours = 1 year)	b. WEEKS	c. DAYS	d. HOURS

e. SIGNATURE OF VOLUNTEER	f. TERMINATION DATE (YYYYMMDD)
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6a. TYPED OR PRINTED NAME OF SUPERVISOR	6b. SIGNATURE OF SUPERVISOR	6c. DATE (YYYYMMDD)
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